

Determination of Care DOC Exercise

Susie

Susie is a six-year old first grader on your caseload who is in Special Education due to a diagnosis of Severe Emotional Impairment which results in hyperactivity, explosive physical acting-out (when angry / frustrated), sleep disorder (nightmares), and enuresis. In addition, she has a moderate hearing impairment, which requires bilateral hearing aids. The above conditions are the result of a combination of physical/medical neglect.

Susie's teachers and foster parents constantly struggle to control her behavior and assist her in self-control, which includes keeping her from losing or throwing away her hearing aids. In addition, Susie's foster parents are awakened and must provide comfort when she wakes up frightened and/or wet. On occasion, they must search for her, as she leaves her room and hides when wet and/or frightened.

The therapist, the foster parents and Susie agreed on a plan that requires everyone's participation. Susie is seeing a counselor once a week; her foster parents join Susie's session every other week, for a total of four sessions per month. Susie's teachers have also been involved and have an active role in the plan. Foster mom & dad meet with the teachers every two weeks.

Susie has recently started taking Ritalin, and all agree that there has been some moderation of daytime behaviors. Unfortunately, it is difficult to separate benefits from medication and benefits from treatment plan implementation. There has also been a slight decrease in nighttime problems -- again, unable to determine cause of decrease.

Foster parents report that they are awakened 1- 2 times a night (2-4 times some nights, after having a "bad day") occurring 3 - 4 nights/week. Bed-wetting is erratic and foster parents have agreed to keep a log of occurrences.

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Exercise: *Make a determination regarding DOC level, and if possible, reach a consensus.**

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2. Do you have enough information? If not, what else do you need?
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Helen

Helen, a 12 year-old child on your caseload, was placed in care due to abuse and neglect. Helen's parents used excessive punishment at times, and at others, seemed to ignore her completely.

She is in the 6th grade and is in Special Education. She is a large girl who acts-out physically when angry or frustrated. On occasion, she has had to be physically managed by teachers and staff. Helen is in counseling twice a week, and her therapist involves the foster parents. The therapist negotiated a behavior contract with Helen and her foster parents. Acceptable and unacceptable behaviors are recorded by Helen and her foster parents in a family log. Rewards and consequences are built into the contract.

In addition, Helen has homework that requires her foster parent(s) to provide "hands-on" guidance and assistance. Time required is approximately 1 hour a school day with weekend assignments requiring 1-2 hours a weekend. If Helen gets frustrated while doing schoolwork she breaks or destroys school supplies that are replaced by the foster parents.

When angry at other children in the home, she punches, kicks, scratches and sometimes bites. Foster mom and dad have had to physically break-up these altercations and, on occasion, restrain Helen until settled. Following altercations, the foster parents impose elements of the behavior contract, which requires additional time and monitoring on their part – foster mom mostly. Foster mom states that this happens several times a week. However, she feels the severity of the episodes are decreasing and that the other children seem less afraid.

The plan is to eventually re-unite Helen with her parents.

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Diane

One of your cases is Diane. She is 14 years old (15 in 3 mos.) and is in the 7th grade. Due to her chronic absence and failing grades, she is now attending an alternative school. She has, in the past, run-away from a number of placements and has also spent time (due to arrest for shoplifting while “on-the-run”) in detention. However, following a period of stable behavior and improved school performance, Diane was recently placed in the home of Mr. and Mrs. B. Placement with the B’s has enabled Diane to attend alternative school and to be the only child placed in the home.

The B’s agreed to take Diane as they have raised two daughters of their own and feel that they are “experienced” parents. They did request information and/or training in issues related to sexual abuse of young females. They also agreed, if necessary, to attend counseling to assist caretakers of sexually abused children.

Due to being sexually abused as a pre-adolescent, Diane has needed ongoing therapy. Her attendance and participation in therapy (both individual and group) has, until recently, been sporadic. The B’s have agreed to take Diane to therapy (twice a week for each treatment modality) and to special group activities as they occur.

Diane has had (until recently) problems with substance abuse. Her substance abuse issues will be addressed in therapy, requiring no additional sessions. She is required by court order and as a condition of placement to submit to random urinalysis. The B’s have agreed to take her to the lab whenever directed to by her worker.

Another issue Diane struggles with is her eating and weight. She is very thin, but otherwise healthy. She eats very little, but like some teens, she goes through phases where very limited choices are eaten in abundance (salads, plain pasta, plain bagels, a piece of cheese). Diane’s eating disorder issues and being handled in therapy along with her issues of substance abuse. This doesn’t require additional therapy sessions.

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The B's have expressed concern about this, and have requested information and assistance. Mrs. B is especially concerned as she stated that " her girls were good eaters and I'm used to preparing full meals".

In light of the above, all concerned feel that things are going well and progress continues to occur. Bio-dad's rights were terminated, and he is totally out of the picture. Bio-mom is making progress in terms of getting her life in order, so the goal remains return home.

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Jackie

Seventeen year-old Jackie is currently a permanent state ward (MCI-220) on your caseload. She has been in Foster Care for 10 years. Recently, the permanency planning goal was changed to Independent Living (IL). The worker, the foster parents, and Jackie have begun planning for her eventual transition to IL. She will remain in Foster Care (Supervised IL) until age 19. Jackie's IL preparation plan requires extensive participation on the part of the foster parents. Subsequently, they have requested a rate increase, via DOC.

Although Jackie is engaged in post high school planning with her counselor, her foster parents have been instructed to assist her with visiting local public and private colleges and technical training institutes. This includes "open house" programs, getting to appointments with advisors, and assisting with locating potential housing in and around the area where the school or institute is located. They have also been asked to assist with the admission, loan and scholarship application process.

In addition, the worker supplied workbooks and information on preparation for IL. For the most part, Jackie should be responsible for completing these materials and tasks. However, she may need assistance with budgeting/money management, comparison shopping, transportation to banks, shopping, locating community services, in-home house keeping such as cooking, laundry, routine maintenance/household upkeep, and job seeking (working close to school/training program, home, bus lines, medical providers). This assistance will occur on an as needed or requested basis, depending on Jackie's ability and knowledge.

The foster parents have been instructed to "not make it easy" by readily problem solving for her. They are encouraged to provide "hints", minimal direction, and gradual assistance. Review and support will occur as needed, pending skill demonstration and/or completion.

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Jordan

Jordan will be one year old in two weeks. His mom abused drugs and alcohol while she was pregnant. The extent of abuse and neglect is unknown, as Jordan's mom won't (or can't, due to her impaired memory) fully disclose all aspects of her abuse/use. Jordan was born drug free. As Jordan's worker, you have recently, had sporadic contact with his mother, and it is felt that substance use/abuse is still occurring. Mom disappears for days and sometimes weeks at a time.

The CPS worker and you, feel that Jordan was being neglected because of behaviors or "symptoms" resulting from mom's substance abuse, before and after Jordan was born. Jordan's periodic "abandonment" is or has been the pattern since birth.

He was born prematurely with a low birth weight, and short birth length. He is described as: irritable (does not sleep or nap well); poorly coordinated (weak grasp, poor muscle tone, tremulous (shaky) crawler, must be supported to sit upright); easily upset or frightened (cries or screams for long periods); an erratic feeder (sometimes refuses to eat, ceases eating mid-feeding, sometimes seems unsatisfied following a normal amount of food consumption).

Jordan's foster parents take him to a university clinic for on-going evaluations and treatment. This is a twice a month appointment and is a 106 mile round-trip each time. Foster mom spends approximately 1 hour a day engaged in muscle and joint manipulation activities. Early On program involvement began at the time of placement, with Jordan and foster mom both receiving services and support. Now that Jordan is in a more stable foster home, with continuing Early On involvement, foster mom has requested an exceptional rate.

You are contemplating terminating parental rights. At this time, it is unknown if any family member is willing to put in the effort to have Jordan (long-term). Foster mom and dad may consider adoption, if the appropriate supports could be put into place.

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Kyle

Kyle is three years old. Kyle's mother abused alcohol and drugs while she was pregnant with him. He was diagnosed as having Fetal Alcohol Syndrome (FAS). Kyle was severely neglected. As the case worker, you are currently in the process of terminating parental rights. The current foster family is not interested in adopting him.

Kyle can't walk and has a difficult time sitting up for any length of time. He requires a special wheelchair and regular on-going, daily self-care, i.e. diapering, assistance with eating. He is certified Pre-Primary Impaired and receives in-home services from the School District. He has regularly scheduled appointments (every 3 mos.) at the Developmental Clinic at a hospital approximately 90 miles from his foster home. Duration of appointments varies depending on whether he is there for testing or just a check-up.

Kyle requires daily leg massage and joint manipulation, three times a day for approximately 20-30 minutes each time. When upset, he must be prevented from injuring himself and others (biting, scratching/pinching/head banging). Kyle's foster parents (dad works and mom is home all day) have two other children in the home. One is in school all day, while the other is in ½ day kindergarten.

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